

TOXIC SUBSTANCES CONTROL ACT

	RECEIPT FOR S	AMPLES AND DOCUMENTS
	INVESTIGATION IDENTIFICATION	2. COMPANY NAME
DATE	INSPECTION NO. DAILY SEQ. NO.	o. Clava Barton Edenesdary School
3. INSPECTOR AI	DDRESS Mail Code & WC 32	4. COMPANY ADDRESS, 5 Blue Lake Road
1650 Are	in PA 19103	Levittown, 84 19057-3017
For internal EPA us		as acknowledgment of the documents and samples of chemical substances and/or
	RECEIPT OF DOCUMENT(S) AND/OR	SAMPLE(S) DESCRIBED IS HEREBY ACKNOWLEDGED:
NO.		DESCRIPTION
0	51x bulk samples	collected from Rooms 8, 9, And 11
3	Copies of "AHER	A Reinspection Findings + Recommendar
·	Vaded 12	2-22-97
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	The state of the s	
	•	
OPTIONAL:		
DUPLICATE OR SE	PLIT SAMPLES: REQUESTED AND PROVIDED	NOT REQUESTED NOT REQUESTED
INSPECTOR SIGN	ATURE ALL	CLAIMANT SIGNATURE
NAME	A 1800	NAMÉ NAMÉ
SHULL .	Forost. At	James R. White
TITLE	DATE SIGNED	TITLE DATE SIGNED
Com ali	ance Office 2-22-0	7 Operations Condinator 2/22/07
OA FORM 7740 1	(REVISED JULY 1996) CORE TSCA PREVIOUS	S VERSIONS ARE OBSOLETE

₩EFA	TOXIC SUBSTANC	ES CONTROL ACT
	NOTICE OF	INSPECTION
1. INVESTIGATION IDENTIFIC	ATION	3. FACILITY NAME
DATE/ INSPECTION NO. 2/22/2007 23828	DAILY SEQ. NO.	Clara Barton Elementary Sc
2. INSPECTOR'S ADDRESS 1650 Arch Street (34		4. FACILITY ADDRESS 5 Blue Lake Road
Philadelphia, PA 191	· 03	Levittown, PA 19057-3017
For Internal EPA Use. Copies may be provided to	recipient as acknowledgm	nent of this notice.
	REASON F	OR INSPECTION
ment, facility, or other premises in which cl cessed, stored or held before or after their facilities) and any conveyances being used with their distribution in commerce (including	nemical substances or mix distribution in commerce it to transport chemical sul- ing records, files, papers, p ne chemical substances, n	s, statements, and other inspection activities) an establish- tures, articles containing same are manufactured, pro- (including records, files, papers, processes, controls, and ostances, mixtures, or articles containing same in connection processes, controls, and facilities) bearing on whether the nixtures, or articles within, or associated with, such premise or
A. Financial data	D. Person	nel data
☐ B. Sales data	☐ E. Resea	rch data
C. Pricing data		
The nature and extent of inspection of such da		E above is as follows: Kers removing 95 bestos-contain i
Complaint Unacci		O

INSPECTOR'S SIGNATURE

Stephen Forostiak

NAME

Stephen Forostiak

DATE SIGNED

TITLE

DATE SIGNED

TITLE

DATE SIGNED

TITLE

DATE SIGNED

TITLE

DATE SIGNED

Perz Tions Coordination 2-22-0

EPA FORM 7740-3 (REVISED JULY 1997) CORE TSCA (-- PREVIOUS VERSIONS ARE OBSOLETE

INSPECTOR'S. COPY



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION III

1650 Arch Street Philadelphia, Pennsylvania 19103-2029

TSCA Inspection Summary of Observations

Summary of	Observations
Name and Address of Inspector Stephen Forostiak US EPA Region III 1650 Arch Street, 3WC32 Philadelphia, PA 19103	Name and Address of Facility Clara box fon 5 blue Lake Kl Levittown, PA 19857-3017 Chief Executive Officer of Firm Ellen Bulman
Name of Individual to Whom Notice is Given Topped White Title Operations Safety Englagmental 2-22-57	Superinten Lend Address 640/ MMI Greek Road
The following potential deviations from the requirements of the thereto were observed during this inspection: LEA APPEARS to be in compliance with AHERA LEA failed to conduct an AHERA inspection of reinp LEA failed to develop a management plan pursuant to LEA knowingly submitted false information to Govern LEA carried out removal/renovation activities while of LEA knowingly submitted false information to the Government of the Governmen	pection pursuant to 40 CFR part 763. to 40 CFR part 763. nor regarding the inspection report. to perating under a deferral.
LEA failed to provide initial or annual notifications to LEA failed to notify short term workers. LEA failed to conduct periodic surveillance. LEA failed to maintain required records. LEA failed to ensure proper compliance of response a LEA failed to provide training for the designated pers LEA failed to post warnings LEA failed to qualify for an AHERA exclusion and Other:	action.
This Summary of Observations is provided to bring to your attention those as complete list of potential deviations from the requirements of the Toxic Subst of immediate concern and/or those readily apparent. The undersigned acknowledges having received and read a copy of this TSCA	tances Control Act and regulations thereto, but rather a list of those conditio
Signature James & White Signature of Inspector	Title Genetions Coordinator Date /20/6 Title of Inspector, Date



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION III

1650 Arch Street Philadelphia, Pennsylvania 19103-2029

AHERA COMPLIANCE INSPECTION

	Inspector Name: Inspector Number:	Stephen Forostiak 23828		Inspection Date:	2122107
		n Agency Information (ict	
	<u>G</u>	Immistrate offre	d		
	Superintendent/Head School Board Preside	master: Elley Budgas	Phone#:		
	Designated Person:	•		signated: / / [11990
	LEA number of: Schools: 13 LEA is(circle)	Students: Emp	loyees:	- -	
,	entials presented to				
		<u>LEA</u> : The purpose of this inspect cy Response Act (AHERA), codified			h the requirements o
Ra		oyee, Parent, Other) ner Federal or State Agency			
Wo	Other (specify) orker Protection Inspec	tion: If response action performed	l by public school emplo	yees (Separate Report)	
<u>Prein</u>	spection Review: (0	btain from Regional Office Files)			
Previo Reaso	ous Inspection Date(s) (1) in for Inspection	1 1999, 1 1 , B year reson			<u>/</u>
	ous Citations, if any rela tion, sampling, anal	ted to inadequate(circle): ysis, warnings& notifications,	record keeping,	other	
"NOT	ICE OF INSPECTION	" EPA Form 7740-3:			
	? Printed	on 100% recycled/recyclable paper	r with 100% post-consum	er fiber and process chlor	ine free.

Customer Service Hotline: 1-800-438-2474

LEA representativ

(Yes)

No (explain)

Copy provided to representative



No (explain)

OPENING CONFERENCE

LEA representatives present

	NAME	TITLE	PHONE #
	James White Resignated Plas James MANders TV Cathy Karasakal	Principal	4(218)-785-180
	Confe	erence Questions	
1.	Does LEA have a management plan (MP) for each s	school building?	Yes No
2.	Does each school have updated copies of MP(s)?	?	Yes No
3.	Amount of ACBM ranges:		
<i>4. 5.</i>	Are parents, teachers, and employee organizations not the set of t		,
6. 7.	Does the LEA perform surveillance on the ACBM's of the How often?	condition in each school? Only Flow H	he presont now
8.		reinspection 11-1994	Yes No
9.	How often?		: '
10.	What training has the designated person received?	asbestus aborter Course 4day	
11.		Franke # 8w-048	Tes No
12.	Who of the LEA's maintenance staff received training	ng and what type? Ehr awar	<i>1455</i>
13.	Where are these records kept? Not k	moin where records are	
<i>14</i> .	Have asbestos response actions been performed since	e 1987?	Yes No
<i>15.</i>	Review Record Keeping[40 CFR 763.94] • Are records for preventative measures & reskept in centralized location in the administry office of both the school & the LEA as part	rative	Yes (No

٠.	Is there	a descriptio	on of methods	used A	to actua	y person	491	•	Yes	
•	Location	n of action	given					·	Yes	
mments:		Thos	in ins	pecto	in sta	etal	80	J/H	net 5	IST
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nspector's sig	nature:	,					1	ate:	/	· .

SCHOOL INSPECTION

Date of Inspection:					
School Name & address:	Clara	·			
	•				
Principal:Phone #:					
Number of occupants?	Students: 509	Employees:	@40	. •	
	701 11	t person:		·.	
	Pnone#	:()	`		
Total number of buildings _	Grades(i.e., k,	k-12)			
Bu	ilding	Construction date	Incl. in MP	If no. Date fir	st used as a scho
			Y		
	· ····································		·		
			<u> </u>	<u>-</u>	·
Location of MP: Not	onsite, Ar, whi	le travela			
MANAGEMENT PLAN INF	•				
Is Management Plan available? Date of MP:)	No(explain)	1	·	-
Company name/address:	East Dist Hyg	lune Assoc, I,	ıc		* .
	Hunting Wales Pk	19006			
Date of inspection:	50 N +20 1988				•
Inspector(s): $\underline{\underline{C}}$	horles Hyder	Accreditati	on State & No.	#BI -016	2
(List training info on back of this sheet)			on State & No.		
Person developed by: Ker-		Accreditation State	& No.: <u>MP</u>	- 188	
(List training info on back of th	is sheet)				
List training information for all	persons involved with inspections	and management plan d	levelopement		• .
1. What type and amount management plan)?	of Asbestos-Containing Building	Material (ACBM) is loc	ated in LEA's	school building(s)(Obtain copies f
		 .		,	
2. Are training records for	or all maintenance and custodial st	aff included with the MP	??.	Yes	No .
3. Are state accreditation included with the MP?	or training records for all persons	involved in major asbes	stos activities	MA	Yes No
4. Are periodic surveillar	nce records included with the MP?			Yes (No

		- 110 periodic surveillance records	hot sma	9-5-93	; · (· ·	6
6.		Are reinspection records included with the MP?			Yes	¢
7.		Were samples collected of surfacing materials?	(Yes	Ŕ
8.		Is Laboratory that performed analysis of bulk sample(s) accre	dited (NVLAP).	- -	Yes	N
9.		List the NVLAP accreditation number	e NULap #). 3343		, ,
10.	,	If yes to question 7, were the appropriate number of samples		A ~	•	-
			[//		-	
		3 from each Homogeneous Area ≤1,000 sqft	2		Yes	N
		5 from each Homogeneous Area >1,000sqft but <5,000sqft	:		Yes	N
7		7 from each Homogeneous Area >5,000sqft		5 /	Yes	N
11.		List and an abtain agains from each minemation nonformed 1/	4h - hh -£4h :			
ıi.		List and or obtain copies from <u>each</u> reinspection performed(use ine back of ini	s sneet or separate snee	t of paper):	,
		• date of inspection,				,
		firm name and address,				
		 inspector(s) name, accreditation state/number, & 	training informa	tion		
		 management planner's name, accreditation state 	/number, & trainii	ng information		1
10						
12.	·	Review inspection/reinspections condition assessments for A	CBM.	,	37	3.7
٦		Is any ACBM listed as significantly damaged or damaged?		~	Yes	N
13.		If yes to question to question 12,				
		Did the management planner make recommendate.	ations for response	actions?	S	N
		Did the LEA complete these response actions in			Yes	N
		Are there records documenting these response a			Yes	N
			,			1
14.		Perform a walk through of each functional space (room/locati	on) that was ident	ified with ACBM.		
15.		Verify that response actions address the recommendations of	the management p	laner.	, ,	
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Date:

Inspector's signature: